



# BUSINESS LICENSE COMMISSION

## COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION

500 WEST TEMPLE STREET

LOS ANGELES, CA 90012

(213) 974-7691

[www.board.co.la.ca.us/blc](http://www.board.co.la.ca.us/blc)



### MEMBERS

**STEVEN AFRIAT**  
*PRESIDENT*

**RENÉE CAMPBELL**  
*VICE-PRESIDENT*

**SARA VASQUEZ**  
*SECRETARY*

**JAMES BARGER**  
*COMMISSIONER*

**SHAN LEE**  
*COMMISSIONER*

October 28, 2014

Kimberly Diane Griffin  
24 Hour Fitness USA Inc.  
P.O. Box 2409  
Carlsbad, CA 92018

### **HEARING ON APPLICATION FOR HEALTH SPA/CLUB** **BUSINESS LICENSE ID #139114**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, November 19, 2014 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

### **RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS**

**You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost.** In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either **a professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT  
President

Lupe Duron  
Commission Staff

**NOTICE TO PRINTER**  
**STATE LAW REQUIRES THAT THIS**  
**LEGAL ADVERTISEMENT SHALL BE SET**  
**IN TYPE NOT SMALLER THAN NONPAREIL ( 6 PT. )**

**CUSTOMER CODE : Z 91085**

**NEWSPAPER :.....ARCADIA WEEKLY**

**PUBLISH 3 TIMES**

**1<sup>ST</sup> PUBLISHING DATE:.....09/25/2014**  
**2<sup>ND</sup> PUBLISHING DATE:.....10/02/2014**  
**3<sup>RD</sup> PUBLISHING DATE:.....10/09/2014**

**REPRINTS ORDERED: NONE**

**NOTICE OF HEARING TO CONDUCT**

**HEALTH SPA/CLUB**

**NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN**  
**MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE**  
**COMMISSION TO CONDUCT**

**ADVANCE PROOF REQUESTED**

*SM*

**ADDRESS OF PREMISES:.....2180 LINCOLN AVE.**  
**ALTADENA, CA 91001**  
**NAME OF APPLICANT:.....24 HOUR FITNESS USA INC. / KIMBERLY**  
**D. GRIFFIN / DBA 24 HOUR FITNESS**  
**DATE OF HEARING:.....11/19/2014**  
**TIME OF HEARING:.....09:00 A.M.**

**"ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF**  
**THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS**  
**LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING OF THE HEARING AND BE HEARD**  
**RELATIVE THERETO"**

**OFFICE OF THE COMMISSION:**

**BUSINESS LICENSE COMMISSION**  
**500 W. TEMPLE STREET RM. 374**  
**LOS ANGELES, CA 90012**

**RETURN TO:**

**LOS ANGELES COUNTY TAX COLLECTOR**  
**BUSINESS LICENSE SECTION**  
**225 N. HILL STREET RM. 109**  
**LOS ANGELES, CA 90012**



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL  
SUMMARY SHEET**

KIND OF BUSINESS: **HEALTH SPA/CLUB**

ADDRESS OF BUSINESS: **2180 LINCOLN AVE, ALTADENA, CA 91001**

TELEPHONE: **(626) 296-8700**

OWNER OF BUSINESS: **KIMBERLY DIANE GRIFFIN**

CAL. DR. LIC.#

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **24 HOUR FITNESS**

MAILING ADDRESS: **2180 LINCOLN AVE, ALTADENA, CA 91001**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input checked="" type="checkbox"/> 2. Risk Management	YES	04/24/14	dmiles
<input checked="" type="checkbox"/> 3. Building & Safety	YES	10/03/12	dmiles
<input checked="" type="checkbox"/> 4. Fire Department	YES	10/05/12	dmiles
<input checked="" type="checkbox"/> 5. Public Health	YES	02/15/12	btowns
<input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	07/29/14	tchen
<input checked="" type="checkbox"/> 7. Business License Commission			
<input type="checkbox"/> 8. Sheriff Department			
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	01/30/12	dmiles
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	09/25/14	tchen
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	09/05/14	tchen

Conditions: --APPLICANT NO LONGER AT THIS LOCATION.



Los Angeles County Treasurer and Tax Collector  
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ \_\_\_\_\_

ID # 139114

**BUSINESS INFORMATION**

Type of Business: Health/Fitness Club	Address of Business: 2180 Lincoln Avenue, Altadena, CA 91001	
	Business Telephone: 626-296-8700	
DBA (Business Name): 24 Hour Fitness	Mailing Address: P.O. Box 2409 Carlsbad, CA 92018	
Sellers Permit # (State Board of Equalization): SRZC 21-876740		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation: 1983	Incorporated in the State of: California	
Exact Corporate Name: 24 Hour Fitness USA, Inc.		
Names of Officers	Addresses	Titles
Kimberly Griffin		VP & Corporate Counsel

**APPLICANT INFORMATION**

Applicant's Full Name: Kimberly Diane Griffin		
Home Address:		
Home Telephone:	Cell Phone:	Email address:
Social Security #:	Date of Birth:	Place of Birth:
Driver's License or State ID#:		Expiration Date: 1/1
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Height:	Weight:
	Hair Color:	Eye Color:

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the Business License applied for, I agree to submit any additional information that may be required, to conduct all phases of this Business License in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 7/24/14 Applicant's Signature: [Signature]

Application taken by: OMAR PARTIDA Date: 7/24/2014

\* If you suspect fraud or wrongdoing by a County of Los Angeles employee, report it to the fraud hotline at 1(800) 544-6861

Revised 7-15-2013



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: HEALTH SPA/CLUB

ADDRESS OF BUSINESS: 2180 LINCOLN AVE, ALTADENA, CA 91001

TELEPHONE: (626) 296-8700

OWNER OF BUSINESS: 24 HOURS FITNESS CORP.

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: 24 HOUR FITNESS

MAILING ADDRESS: 2180 LINCOLN AVE, ALTADENA, CA 91001

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**RISK MANAGEMENT  
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: \_\_\_\_\_

SIGNATURE: Kerry Fusc

DATE: 4/24/2014

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: HEALTH SPA/CLUB

ADDRESS OF BUSINESS: 2180 LINCOLN AVE, ALTADENA, CA 91001

TELEPHONE: (626) 296-8700

OWNER OF BUSINESS: 24 HOURS FITNESS CORP.

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: 24 HOUR FITNESS

MAILING ADDRESS: 2180 LINCOLN AVE, ALTADENA, CA 91001

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

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**BUILDING & SAFETY  
LA COUNTY**



APPROVAL



DENIAL

RECOMMENDATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE:     mu    

DATE:   10-3-12  

BASIC LICENSE NO. 5912

DATE 09/26/12

IDENTIFICATION NUMBER 139114

09-00-14, 11:19AM

09-03-2012 03:05PM

From-LACOFD PP NORTH REGION ARCADIA OFFICE

0260214618

SEP-26-2012 15:46

DPW/ELR BRS

T-326 P.001/003

F-486

3222674422 P.09/15

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE  
APPLICATION REFERRAL

ERAR

KIND OF BUSINESS: HEALTH SPA/CLUB

ADDRESS OF BUSINESS: 2180 LINCOLN AVE, ALTADENA, CA 91001

TELEPHONE: (626) 296-4700

OWNER OF BUSINESS: 24 HOURS FITNESS CORP.

CAL. DR. LIC#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: 24 HOUR FITNESS

MAILING ADDRESS: 2110 LINCOLN AVE, ALTADENA, CA 91001

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNERS NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSEE

FIRE DEPARTMENT

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

SIGNATURE:

DATE:

10/3/2012

BASIC LICENSE NO. 0694

DATE 09/25/11

IDENTIFICATION NUMBER 199114

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

47  
30/12  
73

KIND OF BUSINESS: **HEALTH SPA/CLUB**

ADDRESS OF BUSINESS: **2180 LINCOLN AVE, ALTADENA, CA 91001**

TELEPHONE: **(626) 296-8700**

OWNER OF BUSINESS: **24 HOURS FITNESS CORP.**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **24 HOUR FITNESS**

MAILING ADDRESS: **2180 LINCOLN AVE, ALTADENA, CA 91001**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

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**PUBLIC HEALTH  
LA COUNTY**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: \_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

*[Signature]*

DATE: \_\_\_\_\_

*7/31/12*

BASIC LICENSE NO. **5912**

DATE **01/30/12**

IDENTIFICATION NUMBER **139114**





**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: HEALTH SPA/CLUB

ADDRESS OF BUSINESS: 2180 LINCOLN AVE, ALTADENA, CA 91001

TELEPHONE: (626) 296-8700

OWNER OF BUSINESS: 24 HOURS FITNESS CORP.

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: 24 HOUR FITNESS

MAILING ADDRESS: 2180 LINCOLN AVE, ALTADENA, CA 91001

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**TREASURER & TAX COLLECTOR  
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: W.S.F.

DATE: 7-29-14

BASIC LICENSE NO. 5912

DATE 04/24/14

IDENTIFICATION NUMBER 139114

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR  
BUSINESS LICENSE SECTION  
REVENUE & ENFORCEMENT DIVISION

TO: DEPARTMENT OF REGIONAL PLANNING  
320 W. TEMPLE STREET, 13<sup>TH</sup> FLOOR, ROOM 1360  
LOS ANGELES, CALIFORNIA 90012  
(213) 974-6438

FROM: BUSINESS LICENSE SECTION  
225 NORTH HILL STREET ROOM 109  
LOS ANGELES, CALIFORNIA 90012  
TELEPHONE: (213) 974-2011  
FAX: (213) 633-5427

DEPARTMENT OF REGIONAL PLANNING FEE: \$346.00

R2012-00065

DATE: Jan 19, 2012

ID#: 139114

REBUS#: 201200029

TYPE OF BUSINESS AND CODE: Health Spa  
Food Establishment  
Swimming Pool

BUSINESS ADDRESS: 2180 Lincoln Ave

CITY: Altadena 91001 APN#: BLDG #4

NAME OF OWNER: 24 Hour Fitness USA PHONE#: 626-296-8700

D.B.A./NAME OF BUSINESS: 24 Hr Fitness CELL PHONE#:

MAILING ADDRESS: 2180 Lincoln Ave Altadena CA 91001

e-mail ADDRESS: jnewbury @ 24hourfit.com

To be completed by Regional Planning

THIS BUSINESS LICENSE REFERRAL IS: Approved  
(Indicate approved or denied)

REMARKS: Approved per RCUP 200700155 (R2004-00402)  
182 parking spaces are required for the fitness center  
and 281 parking spaces are required for the entire site.  
The land use grant terminates on October 3, 2042 (35  
years after its effective date) with a 20 year extension  
with Director's Review. Any new signage, change in occupancy,  
or tenant improvements require Department of Regional Planning

PLANNER SIGNATURE: Chris Robertson PRINT NAME: Chris Robertson approved

DATE: 1/24/2012

X: Reg. Planning Form Revised 07/21/11

See attached conditions

DEPARTMENT OF REGIONAL PLANNING  
320 W. TEMPLE STREET,  
HALL OF RECORDS  
LOS ANGELES, CALIFORNIA 90012



COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



BUSINESS LICENSE  
APPLICATION REFERRAL

14-01174

KIND OF BUSINESS: HEALTH SPA/CLUB

ADDRESS OF BUSINESS: 2180 LINCOLN AVE, ALTADENA, CA 91001

TELEPHONE: (626) 296-8700

OWNER OF BUSINESS: KIMBERLY DIANE GRIFFIN

CAL. DR. LIC# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: 24 HOUR FITNESS

MAILING ADDRESS: 2180 LINCOLN AVE, ALTADENA, CA 91001

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

SHERIFF FINGERPRINT

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: \_\_\_\_\_

Approved

SIGNATURE: [Signature] 5366670

DATE: 9/5/14

BASIC LICENSE NO. 5912

DATE 08/20/14

IDENTIFICATION NUMBER 139114

9/5

Scanned T&C 9/5